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R E S T R I C T E D

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section

W E E K L Y B U L L E T I N

For Period

8 December - 14 December

1946

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SECTION I

WELFARE

Reserve Supplies Held for Relief Distribution

The Public Health and Welfare Section issued a Memorandum to the Japanese Welfare Ministry, dated 10 December 1946 on the above subject, authorizing the distribution of remaining Japanese military reserve relief supplies. These supplies consist of some 2,873,700 kgs of biscuits, and 11,539,500 kgs of canned foods, according to latest reports from the Ministry of Health and Welfare. The amounts to be distributed are specified for each prefecture, based on current estimates of numbers of needy persons, and amounts previously distributed. Distribution is to be made as soon as possible, but not later than April, 1947 in accordance with policies established in SCAPIN 1713-A, 13 July 1946, in which authorization was given for distribution of part of these reserves. Exception was made in the case of 5,000,000 kgs of canned protein foods, included in current inventories, which are to be used specifically in the projected school lunch program.

To allow for changes in inventory (including changes due to discovery of stocks not yet reported), the Ministry of Health and Welfare was authorized to increase or reduce individual allocations up to 25%. Changes in excess of 25% require SCAP approval.

Copies of instructions from the Ministry of Health and Welfare to prefectures, listing specific allocations, transfers to be effected between prefectures, and amounts of canned protein foods to be used by various prefectures for the school lunch program, are to be furnished to SCAP.

MG teams are requested to maintain close liaison with responsible Japanese officials to insure that those instructions, implementing the Public Health and Welfare Memorandum, are properly carried out.

Public Assistance

The October Public Assistance Report submitted by the Ministry of Health and Welfare showed a decrease in persons assisted and an increase in grants, over the previous month. Comparative figures for both months are shown below:

	<u>September</u>	<u>October</u>
No. of persons (not in institutions) assisted	2,787,390	2,636,392

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No. of persons in institutions assisted by Government	65,521	67,047
Total no. of persons assisted	2,852,911	2,703,439
Net Cash Grants	¥118,691,725	¥120,410,112
Cost of grants in kind	¥ 8,915,362	¥ 16,585,715
Total grants	¥127,607,087	¥136,995,827

Chief reasons for dependency were listed as "children without support," "damaged property," "unemployment," and "health problems," in that order..

Red Cross

The Japanese Red Cross has appointed a member of its Nursing Staff to work with the American Red Cross Consultant on Nursing Affairs in the development of its varied nursing programs. This is the first step taken by the Japanese Red Cross indicating recognition of the need for participation of a professionally qualified nurse in planning and coordinating nursing services as they relate to their medical and hospital programs, and in the development of standards of nursing education within the organization.

Conferences were held with the President of the Japanese Red Cross concerning the need for maintaining close liaison with the Ministry of Health and Welfare. It was pointed out that the Ministry should be made aware of the possible assistance which might be rendered by the Red Cross Society in the development of programs with which the Ministry is concerned. The typhus control program is an example in which the Red Cross might be of very great assistance to the government authorities; first, by carrying on a program of education through its chapters, branches and various medical facilities, and, second, by working out plans with Prefectural health authorities by which trained Red Cross medical and nursing teams might be made available in the event of epidemic outbreaks.

The Japanese Red Cross Health Museum has developed a number of food exhibits showing the nutritional values of foods now available on local markets. The exhibits emphasize the nutritional values of foods which may be substituted for rice. American authorities interested in the development of visual health and education exhibits applicable to Japan have found the Museum an excellent resource.

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SECTION II

MEDICAL SERVICE

For the week ending 8 November 1946, the Japanese Civilian Hospital Strength Report shows 3022 hospitals with a bed capacity of 214,470 beds, 107,342 of which are occupied. There were 279,920 outpatients treated.

The First National Medical License examinations were held on the 29th and 30th of November at Nippon University. 262 doctors who have had an abbreviated medical course and 6 months internship were allowed to qualify for license by special permission of the Medical Education Council.

Public Health Training Program

The officials of the Public Health Institute were directed to re-organize the public health courses of instruction. This is being done in conjunction with representatives of this Section and a Sub-committee on the Japanese Council on Medical Education. The inadequate number of properly trained doctors for public health work make this step mandatory. An over-all program was outlined to this group for re-organization of the Institute of Public Health as a teaching institution. The new Public Health Program in Japan is modern, and cannot be properly administered by the doctors with their present training. The teaching phase of the Institute of Public Health will be integrated with that of the Institute for Infectious Diseases and a new research institution on nutrition will be established. All phases of the program will be carefully coordinated by representatives of this Section. Separate courses will be given in all phases of public health work, sanitary engineering, nursing, veterinary affairs and general public health officers will all be trained.

SECTION III

VETERINARY AFFAIRS

Reports from the Japanese

The Ministry of Agriculture and Forestry, Bureau of Animal Industry, reported the following new outbreaks of disease during the period 8 to 14 December 1946.

<u>Prefecture</u>	<u>Disease</u>	<u>Cases</u>
Kumamoto	Texas Fever	69
Chiba	Anthrax	1

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SECTION IV

DENTAL AFFAIRS

A meeting of the faculties from the prosthetic departments of all dental schools was held in Tokyo to discuss new teaching methods and techniques.

SECTION V

SUPPLY

Production:

Production of DDT Dusters and Spraying Equipment during period 2 - 7 December:

<u>Item</u>	<u>Produced 2-7 Dec.</u>	<u>Total Produced</u>
DDT Dusters	962	28330
Sprayer, pump type, semi-automatic	224	4267

Arrangements were completed for procurement and allocation of three chemicals vital for efficient penicillin production; namely, phenyl acetic acid, lactose and amyl acetate. This planning covers the year 1947.

A lecture conference designed to induce heavy industries to enter the penicillin manufacturing field was held attended by twelve manufacturers. Present manufacturers are considered unable to fulfill the requirements of the penicillin program within a reasonable time. Several of the latest scientific articles on the technical aspects of penicillin were released to the Penicillin Manufacturing Association.

A laboratory in which to construct the Central Pilot Plant was designated at Tokyo Imperial University. The Ministry of Health and Welfare is asking the Finance Ministry for ¥4,000,000 to meet the cost of the government penicillin program for 1947. A statement, warning the public of the health hazards of using black market penicillin, was formulated for publication in the Japanese press.

Narcotics

The Koto Pharmaceutical Company, a narcotic compounder, has made application, to prepare approximately 680,000 ampoules from tropococaine, which was processed before its classification as a narcotic derivative made it subject to restriction under the new narcotic regulations. The company

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has only 685 grams of tropococaine as yet not crystallized, according to the report, and this amount will be crystallized before 1 January 1947. It is estimated approximately five months will be required to have all the tropococaine available for marketing in ampoule form.

In an effort to prevent burglaries and thefts of narcotics, Tokyo narcotic officials assembled 48 narcotic addicts for photographing and for completion of addict forms. None of the addicts had a medical need for narcotics, and all stated they are not now using narcotic drugs. This is in line with the effort being made to collect data on all narcotic addicts in Tokyo-To.

At a meeting attended by Tokyo-To narcotic officials, representatives of the Japanese Government, and the Narcotic Control Officer, a narcotic association of all compounders, producers, central and local wholesalers of narcotics, in Tokyo-To, was organized for the purpose of studying and discussing narcotic problems and becoming better acquainted with the new narcotic regulations.

Tokyo-To narcotic officials, representatives from the Metropolitan Police Bureau, Tokyo Procurators and the Narcotic Control Officer formulated plans for better cooperation among Japanese officials concerned with narcotic law enforcement. Information derived from monthly and yearly reports of narcotic registrants, from which abstracts of purchases can be prepared, will be used in investigating and prosecuting registered dealers guilty of violations.

Japanese Government narcotic officials have been directed to immediately instruct prefectural narcotic officials to effect transfer of all 250 gram, 500 gram and 1,000 gram packages of narcotics to licensed producers for repackaging.

SECTION VI

PREVENTIVE MEDICINE

Typhus Control

Complement-fixation tests of blood samples taken from persons diagnosed as typhus fever cases in Tokyo and Kobe, indicated the presence of murine typhus. It is requested that an effort be made to obtain complete case histories from each suspected case of typhus. This section is particularly anxious to determine if such cases are recent arrivals in Japan. The date of entry into Japan and the locality from which they came should be noted; that is, Korea, Manchuria, China, etc., or from other prefectures in Japan.

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Diphtheria Control

The nation-wide diphtheria immunization program which was started in September has not been carried out to the full satisfaction of this Section. It was anticipated that all children ten years of age and under would be immunized by 15 November 1946. Information from various sources indicates that the program has not progressed smoothly in some prefectures. The administrative machinery for notifying persons to report for inoculation and the actual inoculation of these persons has not been well handled in some cases. Although the diphtheria rate is approximately 40% of the rate in 1945, it is still far too high and does not reflect an adequate immunization program. Military Government health officers are urged to exercise surveillance in their respective prefectures to see that this program is fully completed without delay.

Smallpox Control

Smallpox is on the increase at the present time. Since a nationwide immunization program was completed during the spring and summer months, smallpox should not present a problem this winter. However, it is questionable whether all non-immune individuals were adequately vaccinated during the recent immunization program. In view of this fact, and in order to insure that adequate control measures are continuously enforced, Military Government health officers are urged to keep a very close check on all cases occurring in their respective prefectures and to exercise surveillance over prefectural health authorities to see that isolation, quarantine and local immunization procedures are properly carried out.

Venereal Disease Control

At the three day school for all prefectural venereal disease control officers held in Tokyo last week, physicians were informed of basic public health principles and modern treatment regimes were demonstrated.

The venereal disease reports from Military Government health officers are still coming in. Almost without exception they have been very informative so that when they are all summarized, there will be available a good picture of this work in Japan. The personal comments of the Military Government health officers are particularly helpful.

The Ministry has been given a sample of a venereal disease report card to be translated, reproduced and sent out to all prefectures. When these cards are available, every new case seen by a public or private physician will be reported on this form.

Four pamphlets on venereal disease information to the public have

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been given to the Ministry for reproduction and distribution to the public. Plans for radio publicity have been initiated. Lectures to physicians and to medical students are continuing.

The main difficulty seems to be getting the Japanese actually to set up and start operating clinics for the care of the general public.

SECTION VII

VITAL STATISTICS

At the meeting of the Advisory Committee on Vital Statistics to the Cabinet Bureau of Statistics, which was held in Tokyo on Dec. 13 and 14, subjects including the Revision of the International List of Causes of Death, Joint Cause of Death Selection, Monthly and Annual Reports, Special Studies, Methods of Checking for the Completeness of Registration, and the Coordination of Prefectural and Statistical Offices were discussed.

SECTION VIII

LEGAL CONSULTANT

The ministry of Welfare was directed to establish a Medical Examiner's Office in the principal cities of Japan. The Ministry submitted a plan to establish and maintain a Medical Examiner in the following cities: Tokyo, Yokohama, Osaka, Kobe, Kyoto, Nagoya, Fukuoka.

SECTION IX

MEMORANDA TO IMPERIAL JAPANESE GOVERNMENT

PHMJG-1 12 Dec 46 - Establishment of Health Intelligence Broadcast.
PHMJG-2 12 Dec 46 - Establishment of Medical Examiner's Office.

Crawford F. Sams

CRAWFORD F. SAMS
Colonel, Medical Corps,
Chief, Public Health and Welfare Section

3 Incls:

1. Weekly Summary Report of Cases and Deaths from Communicable Diseases in Japan, week ending 30 Nov 46, w/Digest.
2. Summary report of Cases and Deaths from Communicable Diseases in Japan for five-week period ending 30 Nov 46.
3. Venereal Disease Report for week ending 23 Nov 46.

Digest of Summary Report of Communicable
Diseases for Week Ending 30 November 1946

The number of cases (1,049) of diphtheria, although higher than the figure recorded for the preceding week, was well below that of the second and third week before. Deaths (81) continued to increase, being more than 35 percent higher than the figure for the week ending November 16. The case rate was 74.8 per 100,000 population, compared to the cumulative figure of 67.4; correspondingly, the weekly and cumulative death rates were 5.8 and 5.2 respectively.

Dysentery cases (477) continued their rapid decline, being more than 20 percent below the figure for the preceding week and approximately 75 percent lower than the number recorded for the week ending November 2. Deaths (159) increased about 20 percent, but still remained well below the number for the second week previously. The current rate (31.0) was considerably below the cumulative rate (129.2); the corresponding death rates were 11.3 and 19.0.

Typhoid fever continued on a slightly irregular course, the number increasing to 368. The number of deaths (103) from this disease was approximately 25 percent higher than the figure of either of the two preceding weeks. Although current and cumulative death rates (7.5) were the same, the current case rate (47.6) was considerably lower than the cumulative figure of 63.2.

Paratyphoid cases (118) remained practically the same in number as for the week before, as did the deaths (8). Although the current (0.5) and the cumulative (0.7) death rates were about equal, the current case rate (3.1) was much lower than the cumulative figure (13.7).

The number of cases of smallpox (11) was less than that recorded for any of the three preceding weeks. Only one death was reported compared to 2 for the week ending November 23, and 9 for the week ending November 16. The current and cumulative case rates were 0.8 and 26.3 respectively; similarly, the death rates were 0.1 and 4.1.

Weekly cases of epidemic typhus continued to rise steadily, being 46 or more than 9 times the number for the period ending November 2. The number of deaths, on the other hand, decreased regularly from 7 recorded two weeks previously to none. The current and cumulative case rates were 3.3 and 45.2 respectively; the cumulative death rate, 4.3.

Cases from malaria totalled 381, representing an increase above the last week's figure, but still much lower than any other weekly

period in the month. The number of deaths (2) remained the same. Although the current (0.1) and cumulative death rates (0.2) were approximately the same, the current case rate (20.0) was well below the cumulative figure (62.6).

As in the preceding week, there were no cases or deaths from cholera. The cumulative case and death rates were 1.8 and 0.9 respectively.

Cases of scarlet fever (97) reached a new high weekly figure for November, being almost 45 percent above the number in the preceding week. There were 3 deaths compared to none the week before. The current and cumulative case rates were 6.9 and 3.0; correspondingly the death rates were 0.2 and 0.1.

The number of cases of epidemic meningitis (16), although almost twice the figure for the preceding week, was about equal to the number in the second and third weeks before. Deaths (5) remained about the same as for the week before (4). Current and cumulative case rates were 1.1 and 2.1, respectively; correspondingly, the death rates were 0.3 and 0.6.

There were no cases or deaths from Japanese B. encephalitis. In the preceding week there were 2 cases and no deaths.

No cases or deaths were reported from plague.

From the standpoint of incidence, the three diseases in order of importance for the current week were diphtheria, typhoid fever and dysentery. Losses reported by death were greatest for dysentery, with typhoid fever and diphtheria occupying second and third positions respectively.

Digest of Weekly Summary Report
of
Communicable Diseases for Week ending 14 December

The number of diphtheria cases (901) reported for the week ending 14 December was more than 20 percent less than the number (1146) reported the previous week. This was the smallest number reported since the last week in September. The number of deaths (94), however, was the largest number reported since the early part of March. The case rate per 100,000 population was 64.3 compared with a cumulative rate of 67.6. The corresponding death rates were 6.7 and 5.3.

Dysentery cases again decreased nearly 30 percent from 326 to 237. Deaths decreased slightly from 118 to 105. The current case rate was 16.9 compared with the cumulative rate of 124.8. The current and cumulative death rates were 7.5 and 18.6 respectively.

Typhoid cases decreased approximately 15 percent to 466, approaching the low point established the first week of the year. The case rate of 33.2 was about half of the cumulative rate of 62.1. The number of typhoid deaths, on the other hand, increased about 30 percent with a recorded number of 78. The current and cumulative death rates were 5.6 and 7.5, respectively.

Paratyphoid cases increased almost 70 percent from 104 in the previous week to 177 in the current week. Deaths also increased in number from 2 to 13. The current case rate of 12.6 was the same as the cumulative rate. The current death rate of 0.9 was slightly higher than the cumulative rate of 0.7.

The number of smallpox cases (24) was almost the same as in the previous week. There were 2 deaths from smallpox. The current and cumulative case rates were 1.7 and 25.3, respectively. The corresponding death rates were 0.1 and 3.9.

The number of epidemic typhus cases (54) was about 15 percent less than the number reported for the previous week. There were no deaths. The current case rate was 3.9 compared with a cumulative rate of 44.2. The cumulative death rate was 4.1 per 100,000 population.

Malaria continued to decline with 190 cases reported, representing a rate of 13.6 compared with the cumulative rate of 65.8. Three deaths were reported. Both the current and cumulative death rates were 0.2.

Seven cases and four deaths were reported from cholera. The current and cumulative case rates were 0.5 and 1.7. The corresponding death rates were 0.3 and 0.9.

There was a decline of more than 20 percent in the number of scarlet fever cases (56). Only 1 death was reported. The current and cumulative

case rates were 4.0 and 3.1 respectively. Both the current and cumulative death rates were 0.1.

There were 24 cases and 10 deaths from epidemic meningitis. The current and cumulative case rates were 1.7 and 2.0. The corresponding death rates were 0.7 and 0.6.

There were no cases or deaths from Jap. B. encephalitis. The cumulative case and death rates were 0.1 and 0.2 respectively.

Diphtheria (901), typhoid (466), dysentery (237), malaria (190) and paratyphoid (177) accounted for the majority of communicable disease cases.

The majority of communicable disease deaths were from dysentery (105), diphtheria (94) and typhoid (78).

Enclosure nos. 2 and 3 missing

